In Mohd. Agha the war situation forced the people to move e.g. to Zargen shah. The veterinary field unit of GAF moved with them. The veterinary doctor of this VFU is also a (Sub) commander and has little time for veterinary services. He is not graduated from veterinary faculty, while he has been taken to jail after the 4th grade. Up to now, it is not clear, if his VFU is going to charge for veterinary services as was agreed by GAF on the ACBAR veterinary subcommittee meeting.

NRC started a project with 400 chicken. It had some coccidiosis problems. Dr. Somsore gave medical advise. The manager didn't return. Now they have 80 chicken left.

4.3. Khoshi

In Khoshi, one ARC vaccinator is present, Karajuddin. He is supplied with medicine vaccine, workprogrammes and personnel assistance by the DCA VFU in purak. He takes part in DCA vaccination programmes as is his colleague Nasser Mohammed, who is sometimes sent to him to assist him. As only 2 years ag, people started to return to Khoshi, and now around 150 families are present there, only little curative work is to be done, while only small amounts of animals are present. During the 5 1/2 months in spring and summer, when many coochis visit the planes, Kharajuddin can not cope with the work alone. At the moment it would also be irresponsible to send someone alone out on vaccination campaigns in the Khoshi, Kareze or Kandaw areas especially for somebody that doesn't originate from the area. Therefore, Kharajuddin always cooperates with veterinary personnel from purak or kolangar.
Concerning all these aspects, it would be wise to bring the vaccinator under supervision of the DCA veterinarian. Team leader Abdul Quduz Wahadji acknowledged the fact, that at the moment vaccinators did not get their supplies in time, while Dr. Somsore had to take care of DCA personnel needs first. This caused problems with the farmers. According to him, the vaccinator from Khoshi preferred to work independently, but it would be better that he would be supervised by a veterinary doctor.
During the spring and summer period, the veterinary personnel is not sufficient. To improve the situation, at least one person from kareze should be trained as a vaccinator or paravet. Apparently ARC already recruited one person from Kareze for the vaccinator course and one for the paravet course. This caused some irritation with Kharajuddin and his colleagues in Khoshi, while they feel that kharajuddin has the first right to join the paravet course.
In <u>three</u> months time, vaccinator khrajuddin has been doing <u>half</u> of the amount of work that is done by a DCA paravet in <u>one</u> month. This vaccinator is either not taking any initiative to go around the villages to do his work or he is not able to do so because he is from Kabul. He cannot stay on his own in Khoshi during wintertime and is therefore pressing to be admitted in this winters' paravetcourse of DCA. By bringing him under supervision of DCA his activities will be better monitored and consequently actions can be

undertaken.

Finally, extra transport means should be provided to make the vaccination campaigns in the summer period possible. Presently, one motor is provided and a second one would be needed to transport personnel from Purak- Kolangar to Khoshi subdistrict.

4.4. Kolangar

In Kolangar the clinical work was planned for the day of visit. Around 14 cows, 9 sheep, 1 donkey and 1 ox were present for examination. About 8 cows were there for pregnancy diagnosis and infertility problems. Only one cow was diagnosed pregnant by myself. The other cows had small ovaria and did not have apparent endometritis. The farmers and paravets need advise on fodder management, heat observation and bull management. As mentioned before, wallcharts or pamphlets are advisable. Some cows came for check-up after previous indigestion, diarrhoea problems or wound treatments. One cow showed pica-signs, indicating lack of minerals.

The sheep had pneumonia problems. The clinical diagnosis capacities of the paravets needed improvement but in general they were doing good work, and knew the treatments and dosages.

It was stated that much less antibiotics was needed and more Nilzan.

A bicycle for Syed Nader Shah is also necessary.

Economically, the farmers are not much aware in the use of their animals. They use up all the milk for the family and do not sell anything. Either they drink the milk or make yoghurt. From the remaining milk, they make butter and buttermilk.

According to them, a good cow would give 15 liters in 3 times milking. Normally, the cows would bring calves every year. This seems improbable, while even in Holland this is difficult. Since this year of war the infertility problem has risen. The people are afraid to take them to the pasture, therefore, most of the cows suffering from this problem, lack condition. Their ribs and pelvic bones are prononciating and they seem to have an insufficient diet. While this problem is occurring this year, it is unlikely that a lack of minerals is the cause, while they would have had this problem already the years before. Also in general the hair colour didn´t indicate any mineral deficiency. If the introduction of linseed in the area could be promoted the most probable cause for inactive ovoria, being the lack of condition, can be dealt with.

Through a contact of Dr. Somsore, burdizzos can be ordered in Kabul, and lab samples can be sent.

4.5 Field Work

The 3 paravets and one Dr. Samsore went to a village where they had an appointment with the farmers to do vaccination

for Black Quarter and Enterotoxemia. Deworming had been done already 3 months ago, so this was not necessary at the moment. Vaccination of B.Q was done in adult as well as young cattle, while the farmers did not accept vaccination on the young ones only. In the future, with the help of extension, this would be possible. Although 2 bicycles and motorcycle were present, the trip was made by foot, while it was not far.

An appointment was made to vaccinate 300 sheep of a semi permanent coochi staying near kareze. Enterotoxemia vaccination and drenching would be done at the same time. Unfortunately the coochi never turned up. This happened more according to Dr. Samsore, and he took the advice to charge the coochi for a visit. Charging is not a custom yet and a commercial approach is still in its initial stage. Dr. Samsore is aware of the necessity of it in order to maintain the established veterinary structure in the future.

The FMD season is now nearly over and most of the coochis, bringing anthrax,- and sheeppox infected flocks have left the area by now. The remaining flocks will be vaccinated against enterotoxemia this fall while the chickens will be vaccinated against NCD, and cattle against BQ.

Report
Field Mission to Logar
16-09-1990

Drs. M.M.H. Valks, executive officer DCA/VTSC

1. Introduction

This report will describe the voyage to Logar and the observations made in the area of Purak, Kolangar and Khoshi. To give a general idea about what should be kept in mind while travelling to Afghanistan, a somewhat extended narrative report is given.

To place the veterinary services in Logar in a broader context, the security conditions are described, as are the activities of other aid-organizations.

2. Travel through Paktia

After arrival in Paktia, most of the mujahedeen checkpost could be passed without many problems, while the driver of the truck was from the Jaji tribe. One commander demanded us to leave our medicines and equipment behind, while he needed medical care in his area. After we explained, that the medicines were for animal use, we could continue our travel. On the sides of the hill belonging to the mangal tribes , a lot of trees had been grown by GTS forestry projects. This timber is of great value to Pakistan, and people without an income have been cutting there trees without much future-thoughts. The detroiation of any government control, has certainly increased this problem. On the way, many bombed houses and bridges were seen. While many mujahideen had been crossing the border to get new supplies, the Kabul government planes have been targeting this area. At night, we were followed by a government plane at high altitude, and therefore we had to stop till 3.00 a.m. before we could continue the voyage.

At three o'clock in the morning we rouse and started to drive in the direction of Dobandi. On the way while driving up a steep slope, the brakes of the truck gave up and only with a large amount of luck and the skill of the driver the car could be stopped in a leveled place. The brakes were not broken, and a minor repair was needed to make them work again. The landscape of Paktia is very rough, barren and mountainous. Sparsely, people are farming, and a crop which was often seen was hashies. Arriving in Dobani, we had left the area controlled by the Jaji tribes , and entered the area of the Ahmad Zai. There were many mujaheds and a few shops. The mujaheds checked our car and asked why the truck was carrying so many passengers. They were not in favor of this, because they had their own pickups which should take passengers that went through their area .
Also they asked, whether the passengers were going to Kolangar. Dr. Samsore replied they were going to Zargonshar, because he new they were blocking the road to Kolangar. After some discussion we were allowed to pass and we entered an area, where the road was surrounded by mine fields. Gradually the mountainous landscape was changing to hilly plains, which were still very dry, empty and stony. This area was crossed by cochies in the summer. At this moment most of the cochis had either gone to Pakistan on the side

of Parachinar; to Azra district in Paktia; Kawa district in Nangarhar and around Torkham.

According to Dr. Samsor , a vaccination and deworming programme for these cochis should be supplied in Kawa, to protect the sheep against some disease in the winter. We entered Khoshi subdistrict which was a desert plane, but supposedly green in spring´and summer. Some small villages were seen, where some farming could be done. In the subdistrict of kareze we were stopped again by some Mujahedeen, this time only two. Apparently a small group had a conflict with another small group, and again they were blocking the road, which gave entrance to the rivalling group. Fortunately we could take another road to get to Purak.

3. Logar

3.1. General Information Logar

Purak is a very small village. May be 150 families are living here presently. The houses are made out of clay and wooden beams , and although one third of them were partly or completely destroyed by bombardments, the architecture style was beautiful. A lot of little doors, windows and stairs penetrated the smooth white walls. Rooms are built at different levels and this gives an interesting variation in the building style. The labyrinth-like roads were to narrow to let a vehicle pass and wooden gates made it look like a medieval city.

People are very friendly and calm. Most of the day seems to be spent on greeting each other extensively , talking, drinking tea, eating and resting. The pace is slow and although the grave atmosphere of war is marking everyone, the people seems to be relatively accustomed to it . The contineous sound of shelling and sometimes skud missiles exploring spreads terror continuously.

3.2. Military Situation

Sahar Gul	Hezb-i-Islami
Mehrabudin	Harakat
Lagmir	Ittehad

One mountain has a military post and another a government post. The area around pulialam, woni safa and patkaw, was under Government control and the people in this area can not go out. Mohd. Agha area has also a government and a mujahedeen post. This area is depopulated during the past year. In the winter of ´89 the government. started to shell the area heavily as well as the road and purak. The people went either to Kabul or Peshawar in the winter. Now they have returned in zargonshar and purak. In zargonshah 250 families are living in Purak 15-20 families from Mohammed Agha. These internal refugees have also fled to other villages (Kolanger, Baraki Barak and so on). In Mohammed Agha the government holds the highest mountian and also some

plains. A large regiment is settled there, and it is supplied by road from kabul. From there, the provincial captial in PuliAlam is supplied. This is only possible through the barren mountains.
Shells were falling 500 m. from the village of Purak, while I was there, and 2 skuds also exploded quite near. The civilians are often victims of these weapons.
While there had been a rumour, that a coup would take place in the next days in Kabul, a lot of mujahedeen had gathered in Mohammed Agha to support the coup by shelling the government. The government reacted by shelling back. At one point it was feared, that the road would be blocked at Dobandi and that the government could close in. However, the attack came from Mohammed Agha side, and was successfully countered by the Mujahedeen. One Harakat commander defected to the government.
Mujahideen commanders are generally to coordinating with each other and just looking for ways to increase their income. There is enough communications and military equipment present, but it is used without anyplan. The threat of a shortage in emergency times is therefore present.

3.3. Politics and Socioeconomic

At this moment there is a general lack of supplies to mujahideen. Like before, small conflicts are present. A car is stolen from NRC in Khoshi, while they wanted to do a survey. The mujahideen under the guide of sarwar, have done this while they wanted to force the party (Jamiat) and at the same time get status or money from NRC. NRC was working with these mujahideen before. There is a brother of an ARC field worker involved in this theft, and most probable this field worker knew about it. Partly, this theft is due to NRC personnel themselves, which should not have come with a fancy car to the area at that time, without being properly informed about the security situation. The population is aware of the amounts of money that the committee can spend and think that these funds will be stopped in the near future. Therefore it takes what it can get at the moment.
A car from International Human Concern was also stolen and turned up in Jallabad. Nobody knows who stole this car. Two months before, an ambulance from ICRC had been stolen by the mujahedeen and is presently used for public transport. Last year a start was made to form a shura on village basis, from which one person had to be chosen to make a big shura. After the warsituation worsened, this plan dissolved. Also the plans of reconstruction of houses were not brought into practice. The shura that is till existing in Kolangar, has no trust of the people. It is a group of small commanders, who have no clear plans for reconstruction or jehad, but only decide about which roads should be blocked or opened. They are taxing people who want to have business along these roads. There was a shura organized in which Dr. Samsore also had to take part. The Shura wanted to discuss the recent difficulties with the fractionism of the mujahideen groups.They objected to the blockade of roads and the confiscation of cars. A plan would be made to tackle this

problem.
The Tribal system has fallen apart, because so many people have been living a long time in Kabul or Peshawar. There is no law and conflicts are solved through elders and mullahs. Everyone has a khalashinkov and has to fight against the government in shifts of 24 hours.

Care should be taken , when salaries are paid to labored people. VITA has employed this people for Afs. 1500/- a day while their salary was only Afs. 750/- a day before. This will disrupt the local economy while local people can not pay AFs. 1500/- a day when they need labour e.g. for reconstruction of their homes.
Prices for transport in the area differ largely depending on the situation. For the distance khoshi-purak, which is 2 1/2 hours by foot a driver asked 10,000 Afs. for the rent of the car. Another driver agreed with 1000 Afs/person .

If NRC personnel is willing to pay 8,000 Afs. for the distance Khoshi-Kandaw, which is 45 minutes by foot, this will surely confirm the idea, that this committee has too much money. Momentarily, the price of one gallon of diesel is 700 Afs. and transport prices should be calculated according to that. The price of petrol is 1600 Afs. per gallon.

3.4. Relation to Kabul

In Kabul, there has been a lack of money, while the factories , that had been printing Afghans in Russia had stopped printing. Recently new amounts of money have been coming in from India. Supplies of primary needs like soap and flour have stopped coming in, probably due to the internal problems that Russia has. Inflation is therefore going sky high while at the same time people in government service could not be paid there salary. The motivation of kabul people to continue to support the war is faltering . Still, the khad is very powerfull and has an extensive network assembling information and arresting people. Completely innocent people , which have little ideas about politics could not even write, let alone spread "antirevolutionary" programmes have been interrogated and put into jail for 5 years or more without trial.

Torture is still general practice in Kabul Jails. Peoples backs are burnt with hot irons. They get hot water pumped into there rectum. They are blinded with electric shocks. Their nails are torn out and toes are pinned to the floor. Khad women would come in to excite prisoners and after that, their genitalia would be crushed between a door. Their family members, wives and children are tortured in front of them . Still more "disappear" without anybody knowing from them. There is a general distrust on the mujahideen side in the so called islamic or democratic reform of the party and the willingness of Najeebullah to step down and allow free elections. Reconciliation is simply impossible because of the past and ongoing atrocities. Moreover the "devide and rule" policies of the government is getting its toll.

Rumours are spread, money is paid and weapons are distributed to cause a further breakdown of mujahideen unity. Mujahideen feel that the growing distrust against them in the international public opinion, is a sign that the western world is not supporting them anymore. Commanders, that received cash before from aid organizations, experience the fact, that cash is exchanged by aid programmes. Altogether, the anti-western atmosphere is growing and mujahedeen are taking NGO assets by force before NGOs would decide to stop their programmes. Also, the fear of yet another invader being allowed into the country do not make things easier.

The people of mujahideen controlled areas find themselves in the position, that on the one hand they welcome any aid but on the other hand they can not allow any "conspirators with the kabul government" to come into their area. Aid organizations are confronted with situation that is quickly changing, and socio-political leadership that is lacking more and more. Their reaction is, to withdraw their activities when security of man and material is lacking. Only a non-party aligned local with good contacts and relative small financial inputs can work properly without these inputs being abused.

3.5. Health

While villages are just a few kilometers from these war fields, often casualties occur with civilians. Due to the situation of last year people are suffering more and more from diseases. Dysentery is universal, especially in children. If laboratory test confirm the presence of giardia lamblia, it would be wise to add flagyl syrup to the medicinekit of NGO supported medics. Psychological problems occur due to fear. Abortion is seen in higher frequency in women. This is also the case in animals. Starvation is not present, while 90% of the people are farming and seem subsistant. Besides this, supplies from Pakistan still reach the area easily. From Kabul no supplies are available at present. In Purak and Pul-i-Alam area 3 clinics funded by SCA and by MSH are present. Preventive health care seems to get less attention, especially sanitation. Avicen has been 2 times in the area last year, which seems to be sufficient in an emergency state.

Besides the already mentioned Basic Health Units of SCA and MSH, one clinic for mother and child health, built by IMC, is nearly finished. The visit to SCA in Purak made clear, that a refresher course for the 3 paramedics working there was desirable especially in the aspect of extension on hygiene. A lot of malnutrition and dysentery was present and only curative aid was given. If the villagers are properly informed about feeding of babies and hygiene, both mother and children would be helped. Now that the village houses are crowded, due to bombardement of parts of the villages, proper sanitation is more important than ever. Knowledge of feeding is lacking and mothers are feeding their children

breast year after year. Underfed, overworked mothers will subsequently lead to underfed children. Also the medical kit need revision, because the disease situation is different per area and changes in time. For example, still FeSO4 is provided in Large quantities, while Fe deficiency anemia is not probable, due to the presence of green vegetables. Anti Typhoid medicines and Flagyl syrup is missing in the medicine kit, and an antihistaminic for use during allergic shocks after penicillin treatment would be advisable.
More professional advise on the medical field could be given, if medical schooled field officer would pay visits to the B.H.U.. Attention should be paid to the remarks given by Basic Health Workers during monitoring interviews. A doctor is needed to supervise them, while presently Dr. Somsore, who should be working on the veterinary field is often asked to help.

3.6. Agriculture

ARC team leader Abdul Quduz Wahadj had an extension meeting and we visited the dam of kolangar which was about to be finished. Also a visit was paid to the improved corn seed multiplication plot. The corn had arrived too late and it was still not clear if it could be harvested before the weather cooled down. In Khoshi, ARC has a canal and dam construction programme and agricultural extension workers. ARC has built a dam to canalize the water during floods in Khoshi. This canal is party destroyed in the last flood, while no care was taken to anticipate the stones, which were coming down with the floods. Near Purak I observed some more canal construction performed by ARC, coming from the dam of kolangar. Also a vegetable and fruittree nursery was present there.
The person, responsible for honeybee keeping is presently constructing an expensive house and spending ten rupees where he could spend one.

A vegetable garden from vita was also present, but the vita extensionist did not coordinate his activities with ARC. Afrane seems to plan construction activities just bride ARC in Khoshi

4. Veterinary Services

4.1. Purak

In Purak a small shop is present near the traverse. Three days a week the clinical work is done here, the other three days it is done in Kolangar. In the remaining days field work is done. In Purak basically Roshan, Nawab, Shahmahmood and Dr. Somsore are working. During field work, groups of 2 paravets visit a series of villages of which Dr. Samsore has given a list. Every week, one of the paravets is going to khoshi to help the ARC vaccinators. During vaccination campaigns, a group of 2 paravets and one vaccinator are working under the guidance of the veterinary doctor. The treatments done on clinical days were mainly wound treatments, e.g. of oxen or donkeys, loaded too heavy or

pinched with a stick, or sheep that were castrated wrongly by the villagers. There was also a case of infertility and calf scours.

The number of patients differed from 2 to 6 per morning. The afternoon was spent resting.

A storeroom was shared with the SCA BHU. This place had to be cleaned up still, but was safe while it was in the center of the village. Thieves will not have easily access to it. During day time a guard was present. The refrigerator was tried out in a room adjacent to the guest room, but did not show encouraging results the first days. the temperature went up from +20 Centigrade to +24 C. Only when the flame of the kerosene burner was turned up at its maximum, the temperature started to decrease.

The motorcycle is mainly used by the brother of Dr. Somsore, while Dr. Somsore has difficulties in driving it. The bicycles of the paravets are in good order and used for veterinary work.

Some data on numbers of animals.

	Purak	Kolangar	Kanda	Khoshi	Kareze
Families	3000	4500	150	250	300
Cows	30000	95000	70	221	150
Sheep/goat	9000	13000	2000	1100	8000
Chicken	30000	45000	750	2500	1500
Others	3000	4500	150	250	250
Villages	30	35	4	3	5

This summer, only 20.00 sheep of coochies arrived in the planes of kareze and kandow . In a situation without war, more than 100,000 sheep would come to the area. Among the problems of coochi was also the coughing of sheep, with gradual worsening. Bloody nasa discharge would be seen and acute death. The post mortem showed hemorrhagic spots in the lungs and around bronchioli. The disease can be compared with shipping fever in cattle, as stress conditions like long travels without enough fodder, dust, cold weather and other infections (lung worm) are predisposing factors. The owners are advised to treat weakening diseases like lungworm and mange and make sure that enough fodder of good quality is provided.

Extension pamphlets and wallcharts are needed on the subjects of public health (burying of anthrax infected animals) and the benefits of vaccination.

Refreshment on the causes and treatment of infertility in cows and the postparturent treatment of calves (navel disinfection) and calfscours.

Calfhousing is also of interest, as is the improvment of fodder with e.g. linseed, which could easily be grown by the farmers themselves.

4.2. Mohammed Agha